1202655

FORM D	OMB APPROVAL
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D	OMB NUMBER: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response
SEP NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR 185 UNIFORM LIMITED OFFERING EXEMPTION	SEC USE ONLY Prefix Serial DATE RECEIVED
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Series E Convertible Preferred Stock	
Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ■ Rule 506 □ Section Type of Filing: ■ New Filing □ Amendment	on 4(6) 🗆 ULOE
A. BASIC IDENTIFICATION DA	TA
1. Enter the information requested about the issuer	07078039
Name of Issuer (□ check if this is an amendment and name has changed, and indicate change.)	
Tribotek, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
30 North Avenue, Burlington, MA 01803	781-270-0900
Address of Principal Business Operations (if (Number and Street, City, State, Zip Code) different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business:	
The Company is focused on the design, development and manufacture of new, high-current densi	ty power connectors and high-density data connectors.
Type of Business Organization ■ corporation □ business trust □ limited partnership, already formed □ limited partnership, to be formed	other (please specify):
Month Year Actual or Estimated Date of Incorporation or Organization 08 01 ■ Actual □ Estimal Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Stat CN for Canada; FN for other foreign jurisdiction	ted ETHOMSON FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 USC 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

When to File: U.S. Securities and Exchange Commission, 100 F Street, N.E. Washington, D.C., 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires a payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A 5 1 1 C 1 1 C		A. BASIC IDENT			
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 					
Check Box(es) that Apply:	☐ Promoter	□ Beneficial Owner	■ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
Page, David					
Business or Residence Address	(Number and	Street, City, State, Zip Co	de)		
c/o Tribotek, Inc., 30 North Avenue, Bu	rlington, MA	1803			
Check Box(es) that Apply:	□ Promoter	Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
d'Arbeloff, Alexander V.					
Business or Residence Address	(Number and	Street, City, State, Zip Co	de)		
e/a Tuthatak Ina 20 Nauth Avanua Br	ulington MA (11902			
c/o Tribotek, Inc., 30 North Avenue, Bu Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		E Beneficial Cwilet	L'Accultée Officer		C Conord and of Managing Lattion
,					
Prestridge, James. A. Business or Residence Address	(Number and S	treet, City, State, Zip Coo	da)		
Dusiness of Residence Address	(14things) and 3	treet, City, State, Zip Co			
c/o Tribotek, Inc., 30 North Avenue, Bu	rlington, MA	1803			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
Park, B.J.					
Business or Residence Address	(Number and S	treet, City, State, Zip Coo	de)		
c/o Tribotek, Inc., 30 North Avenue, Bo	ırlington, MA (1803			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
Dabbina Owen W					
Robbins, Owen W. Business or Residence Address	(Number and	Street, City, State, Zip Co	de)		
Business or Residence Address		Street, City, State, Zip Co	de)		
Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Bu	ırlington, MA	1803	···	Director	
Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Bu Check Box(es) that Apply:	urlington, MA (de) □ Executive Officer	■ Director	☐ General and/or Managing Partner
Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Bu	urlington, MA (1803	···	■ Director	☐ General and/or Managing Partner
Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Bu Check Box(es) that Apply: Full Name (Last name first, if individual) Suh, Nam	rlington, MA (□ Promoter	D1803 ☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Bu Check Box(es) that Apply: Full Name (Last name first, if individual)	rlington, MA (□ Promoter	1803	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Bu Check Box(es) that Apply: Full Name (Last name first, if individual) Suh, Nam	Promoter (Number and S	D1803 ☐ Beneficial Owner Street, City, State, Zip Co	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
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Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address look Box(es) that Apply: Full Name (Last name first, if individual) Suh, Nam Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, if individual) Sweetland, Matthew Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address	(Number and arlington, MA (Beneficial Owner Street, City, State, Zip Co Beneficial Owner ■ Beneficial Owner Street, City, State, Zip Co 1803	☐ Executive Officer de) ☐ Executive Officer		-
Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Bu Check Box(es) that Apply: Full Name (Last name first, if individual) Suh, Nam Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Bu Check Box(es) that Apply: Full Name (Last name first, if individual) Sweetland, Matthew Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Bu Check Box(es) that Apply: Full Name (Last name first, if individual)	(Number and strlington, MA (Promoter (Number and strlington, MA (Number and strlington, MA (Promoter	Beneficial Owner Street, City, State, Zip Co Beneficial Owner Beneficial Owner Street, City, State, Zip Co 1803 ■ Beneficial Owner Beneficial Owner	☐ Executive Officer de) ☐ Executive Officer ode)	□ Director	□ General and/or Managing Partner
Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address Elia Name (Last name first, if individual) Sweetland, Matthew Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Business or Residence Address	(Number and strlington, MA (Promoter (Number and strlington, MA (Number and strlington, MA (Promoter	Beneficial Owner Street, City, State, Zip Co Beneficial Owner Beneficial Owner Street, City, State, Zip Co Beneficial Owner Beneficial Owner Street, City, State, Zip Co Beneficial Owner	□ Executive Officer de) □ Executive Officer ode) □ Executive Officer	□ Director	□ General and/or Managing Partner
Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Bu Check Box(es) that Apply: Full Name (Last name first, if individual) Suh, Nam Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Bu Check Box(es) that Apply: Full Name (Last name first, if individual) Sweetland, Matthew Business or Residence Address c/o Tribotek, Inc., 30 North Avenue, Bu Check Box(es) that Apply: Full Name (Last name first, if individual)	(Number and strlington, MA (Promoter (Number and strlington, MA (Number and strlington, MA (Promoter (Number and strlington, MA (Number and ())	Beneficial Owner Street, City, State, Zip Co Beneficial Owner Beneficial Owner Street, City, State, Zip Co 1803 ■ Beneficial Owner Beneficial Owner	□ Executive Officer de) □ Executive Officer ode) □ Executive Officer	□ Director	- General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		A. BASIC IDENT	IFICATION DATA		
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 					
Check Box(es) that Apply:	□ Promoter	■ Beneficial Owner	□ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
Millard, Robert B.					
Business or Residence Address	(Number and S	Street, City, State, Zip Co	de)		
c/o Lehman Brothers, 399 Park Avenue, Check Box(es) that Apply:		Fork, NY 10022 ■ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	□ Promoter	- Beneficial Curio	D Executive Officer		General and of thanking I writer
Tun value (Last hame thist, it mai vidual)					
Morris, William C.	~				
Business or Residence Address	(Number and S	Street, City, State, Zip Co	ide)		
c/o J. & W. Seligman & Co. Incorporate	d, 100 Park Av	enue, New York, NY 1	0017		
Check Box(es) that Apply:	□ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
Dalama Ing Bank Linda Turas					
Byinng Jun Park Living Trust Business or Residence Address	(Number and S	treet, City, State, Zip Co	de)		
			,		
745 Mountain Street, Sharon, MA 0206		■ Beneficial Owner	- F	- D' -	Consolination Name in a Partner
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
Bowers, Donald					
Business or Residence Address	(Number and S	treet, City, State, Zip Co	de)		
9170 Hollow Pine Drive, Bonita Springs,	. FL 34135				
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
Cr. 11 1 Betch of					
Sienkiewicz, Michael Business or Residence Address	(Number and	Street, City, State, Zip C	ode)		
			,		
c/o Tribotek, Inc., 30 North Avenue, But				- 51	= C
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
			<u>,</u>		
Business or Residence Address	(Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
Business or Residence Address	(Number and	Street, City, State, Zip C	ode)		
THE PERSON OF THE PERSON	,	,, ,	,		
Gi I B () d . i d	· · -			_ 51	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
Business or Residence Address	(Number and	Street, City, State, Zip C	ode)		

	B. INFORMATION ABOUT OFFERING						
		Yes	No				
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		•				
_	Answer also in Appendix, Column 2, if filing under ULOE.	S n	la.				
2.	What is the minimum investment that will be accepted from any individual?	\$ <u>n,</u> Yes					
3.	Does the offering permit joint ownership of a single unit?	•					
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.						
Full Non	I Name (Last name first, if individual) ne						
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)		<u>.</u> .				
	me of Associated Broker or Dealer		-				
Nan	me of Associated Broker of Dealer						
Stat	tes in which Person Listed Has Solicited or Intends to Solicit Purchasers	A (1 O)					
	(Check "All States" or check individual States)	All State					
] _] _	[AL] _[AK] _[AZ] _[AR] _[CA] _[CO] _[CT] _[DE] _[DC] _[FL] _[GA] [IL] _[IN] _[IA] _[KS] _[KY] _[LA] _[ME] _[MD] _[MA] _[MI] _[MN] [MT] _[NE] _[NV] _[NV] _[NV] _[NV] _[NV] _[OH] _[OK] [RI] _[SC] _[SD] _[TN] _[TX] _[UT] _[VT] _[VA] _[WA] _[WV] _[WI]	_ [HI] _ [MS] _ [OR] _ [WY	_ [PA]				
Full	l name (Last name first, if individual)						
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)						
Nan	me of Associated Broker or Dealer						
State	tes in which Person Listed Has Solicited or Intends to Solicit Purchasers						
	(Check "All States" or check individual States)	All State	es .				
_ [_ [[AL] _[AK] _[AZ] _[AR] _[CA] _[CO] _[CT] _[DE] _[DC] _[FL] _[GA] [IL] _[IN] _[IA] _[KS] _[KY] _[LA] _[ME] _[MD] _[MA] _[MI] _[MN] [MT] _[NE] _[NV] _[NH] _[NV] _[NV] _[NC] _[ND] _[OH] _[OK] [RI] _[SC] _[SD] _[TN] _[TX] _[UT] _[VT] _[VA] _[WA] _[WV] _[WI]	_ (HI) _ [MS] _ [OR) _ [WY	_ (PA)				
Full	Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)							
NI	and Associated Deploy on Douber						
Nan	me of Associated Broker or Dealer						
Stat	tes in which Person Listed Has Solicited or Intends to Solicit Purchasers						
	(Check "All States" or check individual States)	All State	×s				
] _ [[AL] _[AK] _[AZ] _[AR] _[CA] _[CO] _[CT] _[DE] _[DC] _[FL] _[GA] [IL] _[IN] _[IA] _[KS] _[KY] _[LA] _[ME] _[MD] _[MA] _[MI] _[MN] _[MN] _[NY] _[NC] _[ND] _[OH] _[OK] _[RI] _[SC] _[SD] _[TN] _[TX] _[UT] _[VT] _[VA] _[WA] _[WV] _[WI]	_ [HI] _ [MS] _ [OR] _ [WY	_ [PA]				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box pand indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate Offering Price	Amount Already Sold
	Type of Security		
	Debt	\$	s
	Equity	\$ <u>2,982,987.00</u>	\$ 2,982,987.00
	□ Common ■ Preferred		
	Convertible Securities (including warrants)	s	s
	Partnership Interests	s	\$
	Other (Specify)	\$	s
	Totał	\$ 2,982,987.00	\$ 2,982,987.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	8	\$ 2,982,987.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		S
	Answer also in Appendix, Column 4, if filing under ULOE		J
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Type of offering		Sold
	Type of offering Rule 505		Sold \$
	Type of offering Rule 505 Regulation A		Sold \$ \$
4.	Type of offering Rule 505		Sold \$ \$ \$
4.	Type of offering Rule 505		Sold \$ \$ \$
4.	Rule 505	Security	Sold \$ \$ \$
4.	Rule 505	Security	Sold \$ \$ \$
4.	Type of offering Rule 505	Security	Sold S S S S S
4.	Type of offering Rule 505	Security	Sold S S S S S
4.	Type of offering Rule 505	Security	Sold S S S S S
4.	Type of offering Rule 505	Security	Sold S S S S S

nter the difference between the aggregate offering price given in response to Part C – total expenses furnished in response to Part C – Question 4.a. This difference is the sted gross proceeds to the issuer."	e `		S	2,972,987.00
ate below the amount of the adjusted gross proceeds to the issuer used or proposed to the purposes shown. If the amount for any purpose is not known, furnish an elect the box to the left of the estimate. The total of the payments listed must equal ted gross proceeds to the issuer set forth in response to Part $C \in Question 4.6$ above.	stimate the			
		Payments to Officers, Directors, & Affiliates		Payments To Others
ies and fees	•	\$	0	\$
nase of real estate	ם	\$	О	\$
nase, rental or leasing and installation of machinery and equipment	a	\$	۵	\$
truction or leasing of plant buildings and facilities	ü	\$	ם	S
isition of other business (including the value of securities involved in this offering may be used in exchange for the assets or securities of another issuer pursuant to a er)	-	•	51	c
yment of indebtedness.		<u></u>	a	·
ing capital	_	\$	_	S 2,972,987.00
	0	5	-	3
(specify):	_ 0	2		2
		s	0	s
nn Totals.	D	\$		\$ <u>2,972,987.00</u>
Payments Listed (column totals added)		■ \$ <u>.</u> 2	972,987.0	<u>.</u>

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Tribatek, Inc.	Signature	Date September 12, 2007
Name of Signer (Print or Type) David Page	Title of Signer (P)int or Type) President and Chief Executive Officer	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

